



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



www.ocl.ga.gov

Phone: 855-235-5174 ♦ E-mail: GAInslicensing@psionline.com

AGENTS LICENSING

Request For Name/Address Change For Individual & Agency Licensees

GID- 390- AL AUG2014

1. General Instructions

- A. This form is used by Georgia licensees and agencies who wish to change their name, address(s) and phone/fax number(s).
- B. Any name change will affect all licenses you hold and a fee of \$25.00 is required for each license. A Name Approval from GID is required when the following terms appear in the agency name: Insurance, Assurance, Surety, fidelity, Indemnity, Reinsurance, and Reassurance. Contact PSI Services LLC at (855) 235-5174 for information.
- C. The fee for a business and/or resident address change is 25.00.
- D. Agencies changing their address must submit a \$25.00 fee.
- E. **Note:** Georgia Law, section 33-23-25, requires you to notify the Georgia Insurance Department within 30 days of your address change. Georgia law also requires that your current business address appear on your license.

2. Licensee Instructions

Print your complete name as it appears on your Georgia insurance license. If you are changing your name, there is a \$25.00 fee.

Agency:

Name

New Legal Name

New DBA Name (if applicable)

License Number

National Producer Number

EIN

Individual Licensee:

Last Name

First Name

MI

Suffix (Jr., Sr.)

New Legal Last Name

New Legal First Name

MI

Suffix (Jr., Sr.)

License Number

Social Security Number

National Producer Number

3. License Fee Schedule and Print Request

Place an "X" in the box next to each license type for which you wish to receive a duplicate license. Insert the number of duplicate licenses requested per license type. Multiply the number of licenses requested per license type by the fee of \$25.00 per letter. Enter the total in the "Total Amount enclosed" space.

NOTE: Variable Products are incorporated into the Agent license type. If you are an agent with VP, and your are requesting a duplicate license, you need only request an "Agent" duplicate license.

DUPLICATE LICENSE	LICENSE TYPES	DUPLICATE LICENSE QUANTITY	FEE	ENCLOSED FEE
<input type="checkbox"/>	Adjuster	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Agency	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Agent	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Crop/Hail Adjuster	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Fraternal Agent	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Insurance Counselor	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Insurance Navigator	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Limited Sub-Agent	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Limited Group Health Counselor	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Public Adjuster	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Rental Company	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Retail Vendor Of Portable Electronics	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Self-Storage Provider	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Surplus Lines Broker	<input type="text"/>	X \$ 25.00 = \$	
<input type="checkbox"/>	Workers Compensation Adjuster	<input type="text"/>	X \$ 25.00 = \$	
	TOTAL DUPLICATE LICENSE →		TOTAL AMOUNT ENCLOSED \$	

SAVE MONEY, SAVE PAPER:**For Address Changes Only****!!! An "address only change" request may be completed free of charge online at: www.sircon.com/georgia !!!****4. Address Information****Resident Address Change:**Print your complete address. If providing a PO Box it is still **required to have at least one physical address on file**. Any name, address, or phone number change you make here will affect all licenses you hold.

Street Address (Suite number, floor number, etc...)

City

State

Zip Code 5-digits

+4

County Code

Country

International Postal Code Area Code

Residential Phone Number

Residential Fax Number

Email Address

Business Address Change:

Print your complete address.

Street Address (Suite number, floor number, etc...)

City

State

Zip Code 5-digits

+4

Country

International Postal Code Area Code

Residential Phone Number

Residential Fax Number

Email Address

Mailing Address Change:

This will be the address to which all future licensing documents will be mailed. Print your complete address.

Street Address (Suite number, floor number, etc...)

City

State

Zip Code 5-digits

+4

Country

International Postal Code Area Code

Only if submitting the paper version of this form (and not using the preferred online request), send with payment.Make check or money orders payable to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT**Mailing Instructions
along with payment, to:**Mailing Address Without Payments:**PSI Services LLC,
2997 Cobb Parkway SE
P.O. Box 723957
Atlanta, Georgia 31139**Mailing Address With Payments:**Bank of America Lockbox Services
Lockbox 742983
6000 Feldwood Road
College Park, Georgia 30349